

Management of Substance Use Disorders

Module S: Stabilization

**Substance-using patient who
may
Require physiological
stabilization
(A)**

**Obtain history, physical
examination,
MSE, Medication including OTC,
And lab testes as indicated
(B)**

**Is the patient medically
or psychiatrically unstable?
(C)**

- **Provide appropriate care to stabilize or consult**
- **Follow legal mandates**
- **For DoD active duty:
Keep commanding officer informed**
(D)

Delirium can be identified through the following:

- **Disturbance of consciousness**
- **A change in cognition or the development of a perceptual disturbance that is not accounted for by a preexisting, established, or evolving dementia.**
- **The disturbance develops over a short period of time and fluctuates**

Risk of harm to self or others

- **If suicidal ideation is present, the imminent risk increases with various factors**
- **The patient's history of violent acts.**
- **Response to counseling.**
- **Arrange voluntary or involuntary emergency psychiatric treatment and possibly hospitalization for patients with definite intent to harm self or others, particularly those with a plan and the available means.**

**Is the patient medically
or psychiatrically
unstable? (C)**

**Assess level of intoxication
and/or
Physiological dependence (E)**

**Is there clinical
justification for Prescribed opioid
or Sedative-hypnotic use? (F)**

**Adjust medication as
necessary And
monitor medical
condition
(G)**

**Is the patient opioid
dependent, Appropriate for, and
Willing to engage in OAT? (H)**

**Initiate opioid
agonist therapy
(I)
Use Module P**

**Is detoxification
Indicated?(J)**

Intoxication and Physiological Dependence

- **Alcohol and sedative hypnotics**
- **Cocaine/Amphetamine**
- **Opioids**

**Is the patient medically
or psychiatrically
unstable? (C)**

**Assess level of intoxication
and/or
Physiological dependence (E)**

**Is there clinical
justification for Prescribed opioid
or Sedative-hypnotic use? (F)**

**Adjust medication as
necessary And
monitor medical
condition
(G)**

**Is the patient opioid
dependent, Appropriate for, and
Willing to engage in OAT? (H)**

**Initiate opioid
agonist therapy
(I)
Use Module P**

**Is detoxification
Indicated?(J)**

- **Distinguish patients with legitimate pain and/or anxiety disorders who develop physiological tolerance during long-term use of prescribed medications, from those with markers of "addict behavior"**
- **Evaluate opioid dependent patients for severe acute or chronic physical pain.**
- **Consider patients with a history of substance use disorders (SUDs) to be at elevated risk of receiving inadequate therapy for pain or anxiety.**

**Is the patient medically
or psychiatrically
unstable? (C)**

**Assess level of intoxication
and/or
Physiological dependence (E)**

**Is there clinical
justification for Prescribed opioid
or Sedative-hypnotic use? (F)**

**Adjust medication as
necessary And
monitor medical
condition
(G)**

**Is the patient opioid
dependent, Appropriate for, and
Willing to engage in OAT? (H)**

**Initiate opioid
agonist therapy
(I)
Use Module P**

**Is detoxification
Indicated?(J)**

**Provide access to OAT for all
opioid dependent patients, under
appropriate medical supervision
and with concurrent addiction-
focused psychosocial treatment**

**Is detoxification
Indicated?
(J)**

**Assess for appropriate level of
Professional monitoring for detoxification
Address psychological barriers to
Treatment engagement
(K)**

**Does patient require
Inpatient detoxification?
(L)**

**Was detoxification
Successful?
(N)**

**Continue
management in
Appropriate
algorithm**



Indications for detoxification from alcohol or sedative-hypnotics

- **Medical monitoring of detoxification should be provided for dependence on central nervous system depressants.**
- **Detoxification from sedative-hypnotics is indicated when there is physical dependence in the absence of clinical indications for ongoing treatment or when accompanied by “addict behavior.”**

Indications for opioid detoxification

- **It is difficult to identify opioid addicted patients with good prognosis for successful opioid detoxification**
- **Detoxification is contraindicated for individuals with two or more unsuccessful detoxification episodes within a 12-month period.**

**Is detoxification
Indicated?
(J)**

**Assess for appropriate level of
Professional monitoring for detoxification
Address psychological barriers to
Treatment engagement
(K)**

**Does patient require
Inpatient detoxification?
(L)**

**Was detoxification
Successful?
(N)**

**Continue
management in
Appropriate
algorithm**



Ambulatory detoxification has the potential advantages of:

- **Facilitating continuity of care in the outpatient setting**
- **Reducing disruption to the patient's life**
- **Lowering costs in the outpatient setting**
- **While no definitive standard exists for setting up an ambulatory detoxification protocol, there should be systematic assessment and consistent monitoring.**

- **Inpatient detoxification allows closer monitoring of withdrawal symptoms and higher likelihood of completing the detoxification protocol.**
 - **There are fewer logistic medical and legal concerns.**
 - **While patients are more likely to complete the inpatient detoxification protocol, long-term outcomes do not indicate a difference between inpatient and outpatient detoxification programs.**

- **Consider the following indications for inpatient detoxification:**
 - **Current symptoms of moderate to severe alcohol withdrawal**
 - **History of DTs or withdrawal seizures**
 - **Inability to tolerate oral medication**
 - **Recurrent unsuccessful attempts at ambulatory detoxification**
 - **Reasonable likelihood that the patient will not complete ambulatory detoxification**

**Is detoxification
Indicated?
(J)**

**Assess for appropriate level of
Professional monitoring for detoxification
Address psychological barriers to
Treatment engagement
(K)**

**Does patient require
Inpatient detoxification?
(L)**

**Was detoxification
Successful?
(N)**

**Continue
management in
Appropriate
algorithm**



Detoxification is successful to the degree the patient:

- Is physiologically stable**
- Avoids hazardous medical consequences of withdrawal**
- Experiences minimal discomfort**
- Reports being treated with respect for his or her dignity**
- Completes the detoxification protocol**
- Engages in continuing care for SUD**